

**COMMONWEALTH OF MASSACHUSETTS
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

**TREATMENT GUIDELINES
EFFECTIVE OCTOBER 1, 1998**

GUIDELINE NUMBER 26 - CHRONIC NEUROMUSCULO-SKELETAL INJURY

I. Background:

- A. At times there may be recurrent or residual neuromusculo-skeletal symptoms that remain subsequent to completion of a treatment guideline but prior to a determination by the treating practitioner of maximum medical improvement (MMI). This guideline is meant to define the parameters of such care. It does **not** include patients with Chronic Pain Syndrome, for which there is a separate guideline.
- B. This guideline is meant to cover the majority of tests and treatments. It is expected that approximately 10% of cases will fall outside this guideline and require review on a case by case basis.

II. Inclusion Criteria:

- A. Injured-worker is back to work or is able to be gainfully employed (full or part-time, regular or modified)
- B. One of the following:
 - 1. Documented, measurable, functional impairment related to the employee's injury which potentially can be improved by a treatment program as outlined in this treatment guideline.
 - 2. Significant residual clinical findings that may result in consistent limitation of work-related activities or those functions essential to such activities.

III. Outpatient Treatment:

A. Allowed (Within scope of license):

- 1. Medical visits - **maximum 4 visits in 8 months from end point of other neuromusculo-skeletal guidelines**
- 2. Physical Therapy - **maximum 16 visits in 8 months from end point of other neuromusculo-skeletal guidelines**
- 3. Occupational Therapy - **maximum 16 visits in 8 months from end point of other neuromusculo-skeletal guidelines**
- 4. Chiropractic maximum - **16 visits in 8 months from end point of other neuromusculo-skeletal guidelines**
- 5. Physical agent and modalities (e.g. heat/cold, electrical stimulation, iontophoresis phonophoresis, ultrasound, fluori-methane, cold laser) maximum of 2 allowed per treatment session .

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*TREATMENT GUIDELINES
EFFECTIVE OCTOBER 1, 1998*

Page Two
Guideline Number 26

B. Not Allowed:

1. Inpatient Treatment

2. Physical agents and modalities (e.g. heat/ cold, electrical stimulation, iontophoresis, phonophoresis, ultrasound, fluori-methane, cold laser) **are not allowed as the only treatment procedure.**
3. Home equipment (e.g. home whirlpools, hot tubs, special baths, special beds or mattresses, waterbed, recliner or lounge chairs, electro-sleep devices, electrical nerve (TENS) or muscle stimulators)
4. Duplication of any services for patients being treated by more than one discipline (physical therapy, occupational therapy, allopathic medicine and chiropractic).
5. Re-entry to this guideline for the same diagnosis.

IV. Discharge Plan:

- A. At the conclusion of this guideline, the patient should be considered at maximum medical improvement and rated according to the most current AMA Impairment Guide.
- B. Non-compliance with treatment program, as determined by the treating practitioner, will result in immediate termination from this guideline.
- C. An Office of Education and Vocational Rehabilitation referral form, signed by the treating practitioner and sent to the DIA - **required**